

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

2. STATE:

1 2 - 18

Michigan

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2012

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.225

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$ 0

b. FFY 2014 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 8a

Supplement to Attachment 3.1-A, Page 35a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A, Page 8a

Supplement to Attachment 3.1-A, Page 35a

10. SUBJECT OF AMENDMENT:

This amendment removes inconsistent State Plan language regarding optional coverage of respiratory care services in accordance with 1902(e)(9)(A) through (C).

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Stephen Fitton, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Stephen Fitton

13. TYPED NAME:

Stephen Fitton

14. TITLE:

Director, Medical Services Administration

16. RETURN TO:

Medical Services Administration

Actuarial Division

Capitol Commons Center - 7th Floor

400 South Pine Street

Lansing, Michigan 48933

15. DATE SUBMITTED:

October 10, 2012

Attn: Loni Hackney

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

22. RESPIRATORY CARE

~~Respiratory care services for ventilator dependent individuals require prior authorization by the Medical Services Administration. If the cost of providing home health care along with other services provided to the recipient in the home exceeds the cost of care in an alternative setting for more than 6 months, the recipient must be transferred to an alternative, less costly setting.~~

TN NO.: 12-18

Approval Date: _____

Effective Date: 10/01/2012

Supersedes

TN No.: Heading Rev. 04/01/89

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

☒ Provided ☐ No Limitations ☒ With Limitations ☐ Not Provided

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided ☐ No Limitations ☐ With Limitations ☒ **NOT PROVIDED**

23. Certified pediatric or family nurse practitioners' services.

☐ Provided ☐ No Limitations ☐ With Limitations ☐ Not Provided

TN NO.: 12-18

Approval Date: _____

Effective Date: 10/01/2012

Supersedes
TN No.: 05-05